## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Secretary of State 05-13-1999 90009 017 \*\*\*150.00

May 13, 1999 8:00 am

1999

DOCUMENT # P970000 26853 PAWN & JEWELRY EXPRESS, INC. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 137 E. Hillsboro Blvd 26 % 65-0740196 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 SOUTH BROWARD ACCOUNTING SERVICE, INC. 7777 N. DAVIE ROAD EXT., SUITE 102B City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28HOLLYWOOD, FL 33024 8. This corporation owes the current year Intangible □No Yes 30 BROWARD Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARVIN HERMAN Street Address (P.O. Box Number is Not Acceptable) C/O SINTRAX
17177 HUNGTINGTON ROAD 83 84 Citv Zip Code 85 BOCA RATON, 33496 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT NARVIN HERMAN ROAD Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON, Fl 33496 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61 TITLE Change ☐ Addition TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

formation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

6.4 CITY-ST-ZIP

SIGNATURE:

indicated on this officer or director of the

STREET ADDRESS

14. 1 hereby certi

CITY-ST-ZIP

ort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an action or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)